

Senate Study Bill 1168 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON SEGEBART)

A BILL FOR

1 An Act relating to health insurance coverage for telehealth.
2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. **514C.31 Telehealth coverage.**

2 1. As used in this section, unless the context otherwise
3 requires:

4 *a. "Health care professional"* means a person who is
5 licensed, certified, or otherwise authorized or permitted by
6 the law of this state to administer health care in the ordinary
7 course of business or in the practice of a profession, or
8 in an approved education or training program, as long as the
9 person is operating within the person's professional scope of
10 practice.

11 *b. "Telehealth"* means the use of real-time, interactive
12 audio or video telecommunications or electronic technology,
13 remote patient monitoring, or store-and-forward telehealth by
14 a health care professional to deliver health care services
15 to a patient within the scope of practice of the health care
16 professional, for the purposes of diagnosis, consultation,
17 treatment, transfer of medical data, or exchange of medical
18 education information. *"Telehealth"* does not include an
19 audio-only telephone call, electronic mail message, or
20 facsimile transmission.

21 2. Notwithstanding the uniformity of treatment requirements
22 of section 514C.6, a contract, policy, or plan providing for
23 third-party payment or prepayment for health, medical, or
24 surgical coverage benefits shall provide coverage for services
25 provided as telehealth if the services would be covered if
26 provided in-person. If coverage is provided for telehealth
27 under this section, coverage shall not require in-person
28 contact between a health care professional and a patient as a
29 prerequisite for payment for services appropriately provided
30 through telehealth in accordance with generally accepted health
31 care practices and standards prevailing in the applicable
32 professional community at the time the services are provided.
33 If coverage is provided under this section, health care
34 services provided through in-person consultations or through
35 telehealth shall be treated as equivalent services for the

1 purposes of coverage.

2 3. If health care coverage is provided for telehealth under
3 this section, all of the following shall apply:

4 a. This section shall not be interpreted as preventing
5 a third-party payment provider from imposing deductibles or
6 copayment or coinsurance requirements for a health care service
7 provided through telehealth if the deductible, copayment, or
8 coinsurance does not exceed the deductible, copayment, or
9 coinsurance applicable to in-person consultation for the same
10 health care service. A third-party payment provider shall not
11 impose annual or lifetime maximums on coverage of telehealth
12 unless the annual or lifetime maximum applies in the aggregate
13 to all items and services under the contract, policy, or plan.

14 b. This section shall not be interpreted to require a
15 third-party payment provider to provide reimbursement for
16 a health care service that is not a covered benefit or to
17 reimburse a health care professional who is not a covered
18 provider under the contract, policy, or plan.

19 c. This section shall not be interpreted to preclude a
20 third-party payment provider from performing utilization review
21 to determine the appropriateness of telehealth in the delivery
22 of health care services if the determination is made in the
23 same manner as those regarding the same health care service
24 when delivered in person.

25 d. This section shall not be interpreted to authorize a
26 third-party payment provider to require the use of telehealth
27 when the health care professional determines use of telehealth
28 is not appropriate.

29 e. The provisions of this section shall apply to all of the
30 following classes of third-party payment provider contracts,
31 policies, or plans delivered, issued for delivery, continued,
32 or renewed in this state on or after January 1, 2018:

33 (1) Individual or group accident and sickness insurance
34 providing coverage on an expense-incurred basis.

35 (2) An individual or group hospital or medical service

1 contract issued pursuant to chapter 509, 514, or 514A.

2 (3) An individual or group health maintenance organization
3 contract regulated under chapter 514B.

4 (4) An individual or group Medicare supplemental policy,
5 unless coverage pursuant to such policy is preempted by federal
6 law.

7 (5) A plan established pursuant to chapter 509A for public
8 employees.

9 f. This section shall not apply to accident-only, specified
10 disease, short-term hospital or medical, hospital confinement
11 indemnity, credit, dental, vision, long-term care, basic
12 hospital, and medical-surgical expense coverage as defined
13 by the commissioner, disability income insurance coverage,
14 coverage issued as a supplement to liability insurance,
15 workers' compensation or similar insurance, or automobile
16 medical payment insurance.

17 4. The commissioner of insurance shall adopt rules pursuant
18 to chapter 17A as necessary to administer this section.

19 EXPLANATION

20 The inclusion of this explanation does not constitute agreement with
21 the explanation's substance by the members of the general assembly.

22 This bill relates to health insurance coverage for
23 telehealth.

24 The bill provides definitions relative to telehealth
25 and requires that a contract, policy, or plan providing for
26 third-party payment or prepayment for health, medical, or
27 surgical coverage benefits cover telehealth. On or after
28 January 1, 2018, the contract, policy, or plan shall not
29 deny coverage of telehealth services on the basis that the
30 services are provided via telehealth if the services would be
31 covered if provided in person and shall not require in-person
32 contact between a health care professional and a patient as a
33 prerequisite for payment for services appropriately provided
34 through telehealth in accordance with generally accepted health
35 care practices and standards prevailing in the applicable

1 professional community at the time the services are provided.
2 Health care services provided through in-person consultations
3 or through telehealth shall be treated as equivalent services
4 for the purposes of coverage.

5 The provision is not to be interpreted as preventing a
6 third-party payment provider from imposing deductibles or
7 copayment or coinsurance requirements for a health care service
8 provided through telehealth if the deductible, copayment, or
9 coinsurance does not exceed the deductible, copayment, or
10 coinsurance applicable to an in-person consultation for the
11 same health care service. The bill provides that a third-party
12 payment provider shall not impose annual or lifetime maximums
13 on coverage of telehealth unless the annual or lifetime maximum
14 applies in the aggregate to all items and services under the
15 contract, policy, or plan.

16 The bill provides that the Code section is not to be
17 interpreted to require a third-party payment provider to
18 provide reimbursement for a health care service that is not
19 a covered benefit or to reimburse a health care professional
20 who is not a covered provider under the contract, policy,
21 or plan; to preclude a third-party payment provider from
22 performing utilization review to determine the appropriateness
23 of telehealth in the delivery of health care services if the
24 determination is made in the same manner as those regarding
25 the same health care service when delivered in person; or to
26 authorize a third-party payment provider to require the use of
27 telehealth when the health care professional determines use of
28 telehealth is not appropriate.

29 The bill specifies the types of third-party payment provider
30 contracts, policies, or plans to which the bill applies and
31 those exempt from its application.

32 The commissioner of insurance is directed to adopt rules
33 pursuant to Code chapter 17A as necessary to administer the
34 bill.